

H&SSG Response to COVID-19 – Lessons

Introduction

1. Dr Andrew Goodall and the Chief Medical Officer have asked for a rapid review of the first phase of the COVID-19 pandemic to provide a clear understanding of the effectiveness of H&SSG initial and ongoing response structures.

2. In response to the coronavirus emergency, H&SSG operated in a number of distinct areas:

1. National Planning: NHS CEOs Group (and other professional networks)
2. System Response: The Planning and Response Group and its Sub Groups
3. CMO's COVID Public Health Response
4. H&SSG Desk in ECCW

In addition, specialist cells/programmes were subsequently established, including PPE Procurement, Digital, Testing, Vaccination and Finance. The attached structure chart (Annex 1) sets out our response.

The aim of the review is to capture any lessons identified in our response arrangement to adjust and improve how we respond to any future resurgence of the virus, concurrent with other incidents and winter planning.

Scope

3. This H&SSG review aims to establish what went well and what can be improved. It will seek specifically to draw out information to answer the following questions:

- *How might we approach further phases of COVID-19 (including concurrence with other incidents)?*
- *How might we approach future non-COVID incidents?*
- *What should be the relationship between the areas of our COVID response?*

The following is **out of scope** for this review:

- *Evaluating policy responses which were not formally owned and delivered by H&SSG*
- *Evaluating H&SSG staff satisfaction with their role in the COVID response*
- *Evaluating the quality of expert scientific and medical advice*
- *Assessing individual responses by NHS organisations or social services*

Review Team

The review will be led by Samia Saeed-Edmonds and NR

Your Contribution

Please complete the table on the following page and return to UCAI.HEPU@gov.wales by Friday 14th August.

Should you prefer to provide your recommendations at a face to face (or videoconference) meeting then please contact UCAI.HEPU@gov.wales to arrange a suitable date and time. Where necessary, review sessions will also be arranged with key strategic groups.

H&SSG Response to COVID-19 – Lessons Identified

Action Owner Name : **Stephanie Howarth**

Position held in Group’s Response: **Interim Chief Statistician. SCS lead for KAS Covid 19 analysis hub.**

Importance

- 1. High** - suggested implementation immediately
- 2. Medium** - suggested implementation in near future
- 3. Low** - suggested implementation at a later date / stage

Feedback table - please summarise key point(s) under each line of enquiry. Examples of areas of exploration are included under each heading

Lines of Enquiry	What do you think went well?	What do you think worked less well and requires further assessment / action?	What recommendations would you make for a future response?	<u>Importance</u> 1. High 2. Medium 3. Low
<p><u>Incident Response</u></p> <ol style="list-style-type: none"> 1. Plans and preparations 2. Overall Incident Management 3. Roles and responsibilities 5. Staff and resources 6. Reporting rhythm 7. Data availability and reporting 8. Information management 9. Co-ordination 10. Use of scientific evidence 	<p>Quickly established Data monitor</p> <p>Taking a centralised approach to returns to Cabinet Office</p> <p>Daily NWIS sitrep – for timely management info on hospital activity</p> <p>Quick movement of staff to create KAS Covid hub (although only possible due to deprioritisation of a range of other analytical work – this will not always be possible)</p> <p>Early engagement with KAS to ensure appropriate analytical engagement with TAC and SAGE.</p>	<p>Role and responsibilities - Many players in the stats/data/evidence space. Have we got the roles and responsibilities right? For example, there were multiple reporting lines to Ministers via NHS performance team, public health team, KAS and PHW. KAS were not sufficiently involved early on in the process around sitreps or surveillance data (or even later when changes were made) to allow them to influence or agree definitions.</p> <p>The issues that arose in mortality surveillance are well documented in the review but could have been avoided via greater roles and</p>	<p>GSS statistician(s) based in PHW to provide leadership on orderly release of statistics, quality assurance, dissemination, transparency of methods.</p> <p>In the event of a similar response need to immediately set up an information management group that involves all the key players including KAS, NWIS, PHW surveillance etc.</p> <p>Ensure lessons learnt from mortality surveillance review are captured for future incidents</p>	

	<p>KAS role on TAG was important to provide perspective from government analytical function alongside academic and other experts.</p> <p>KAS well embedded into the response from a HSSG perspective and numerous examples of rapid close working to support thinking</p> <p>Publication of regular health data to support transparency and remove need for requests</p> <p>Close working with Care Inspectorate Wales led to transparency over care homes data</p>	<p>responsibilities and adherence to some principles around management of administrative data which KAS could have advised on. There was a lack of clarity on who was reviewing the mortality data and ensuring LHBs were submitting surveillance data.</p> <p>Early on it was unclear what the role of TAC was in terms of data and information management. This improved but there remains a sense of duplication and lack of clarity about roles and responsibilities in the context of circuit breakers/ recovery /monitoring</p> <p>Not always clear cut split in responsibilities within KAS between health stats and covid hub.</p> <p>Multitude of dashboards being prepared for different purposes sometimes with similar but slightly different data flows. In terms of PHW, this was sometimes done without any regard to what else was happening in the system. This then leads to duplication of similar outputs between PHW and WG. Creates confusion in media and public.</p>	<p>Some earlier thinking about the analytical questions that we may be asked and need to consider as part of managing a pandemic. For example, questions on approach to care home discharges could have been considered sooner.</p> <p>Clear guidance on completion of sitreps containing quantitative data, which are updated regularly.</p> <p>Need for establishment of appropriate data visualisation and interrogation tools (e.g Power BI and R) within WG infrastructure</p>	
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		<p>Where data requirements for UK government were different to those being used within Wales (e.g. different measure or different timing of the data) it was difficult to know which should take priority, as many issues could be seen to be political (e.g. UK comparability was important but as was comparable trend data for Wales).</p> <p>Do we have the data flows right for operational purposes? E.g. data for delivery of food boxes, data in enough detail for SCGs, LAs, etc</p> <p>Tools within WG did not allow KAS to easily deploy interactive digital dashboards (and led to TAC contracting out)</p> <p>Highlighted need for strong data management across WG. Lack of access to underlying data – rely on third parties to carry out analysis.</p> <p>NWIS daily sitrep - unsighted on some changes to this until they have happened. Not always clear on definitions being used – some inconsistency across LHBs.</p>		
<p>Specific Policy Response Areas</p> <p>1. Staff and resources (was it sufficient? were the right people in the right roles?)</p> <p>2. Were roles and responsibilities understood?</p> <p>3 Engagement with stakeholders</p>				

<p>Communication and Engagement</p> <ol style="list-style-type: none"> 1. Handling of emails 2. Across H&SSG 3. With DHSC/other DAs 4. With Wales NHS/SS 5. With LRFs /other stakeholders 6. With the media 	<p>As described above single point of contact via KAS for Cabinet Office reporting was valuable. Weekly catch ups with a key point of contact at Cabinet Office useful for understanding priorities, talking through issues.</p> <p>Clear steer from Ministers on engagement with UKG on data</p> <p>Regular communication with GSS Heads of Profession and ONS Covid team enabled understanding of other work of use to Wales</p> <p>KAS took steps to be transparent arranging for regular weekly publication of a range of Covid-related data, with appropriate statements about quality of the administrative data used</p>	<p>Some duplication across HSSG in reporting to Ministers/AG (described above)</p> <p>Very little engagement with Scotland and NI on some topics – could have been more proactive here rather than rely on CO relationship</p> <p>Lack of coordination between Cabinet Office and DHSC. This could be further complicated with the JBC so roles and data flows will need to be clear. Issues arose in cross-UK discussions due to lack of consistent definitions, or lack of transparency around the definitions being used across the UK.</p> <p>Responding to requirements for MIGs was difficult due to lack of notice of clear agendas</p> <p>Media - Need to have a clearer process for answering media and Ministerial requests across HSSG, KAS, NWIS and PHW. Need to have a clearer understanding of role of PHW in providing public information and for them to agree this role. At times requests were taking many days to turn around in PHW when we were dealing in minutes/hours, and often this</p>		
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		would lead to the same query being directed in many different places whilst the media were waiting for a response.		
Governance 1. Leadership/Accountability 2. Decision-making 3. Information management 4. Cross cutting areas	Including analytical staff in some of the regular meetings on cross cutting areas (e.g. Vulnerable People cross government group, Safeguarding and Vulnerable children, Covid BAME groups) enabled better understanding of rapidly changing context and ability to tailor analytical support.	Some information management issues described above.		
People and Skills 1. Were people appropriately trained? 3. Did people understand their roles? 4. Remote working 5. Out of hours working/shift patterns 6. Staff welfare 7. Was sufficient guidance and support provided?	Flexibility – many teams across KAS released staff to work entirely or partly in covid roles. A number of analysts based outside KAS were also made available. Relatively quick to deploy WG laptops to analytical staff from ALBs who volunteered their time to Welsh Government. For the first time a rota of statisticians was required on weekends and out of hours, and this was delivered by enthusiasm and commitment of the people involved. KAS were therefore regularly able to deal with urgent queries to support HSSG and wider ECCW response on weekends as well as resolve issues with UK Government quickly.	Reliance on a fairly small number of staff working considerable long hours and regular weekend working. Impact on wellbeing of sustaining this over a number of months. Staff adding new covid work on top of business as usual work, rather than being moved to covid specific roles, created a lot of pressure and contributed to staff working very long hours. Issues started to arise when people were needed to start focusing on their “day job” instead of emergency response, which starts to highlight the frailty of analytical resources. There is a very small pool of analysts to draw from across the public sector. When new posts	Current pool of analysts is unlikely to be large enough for future response. Need to consider how to boost analytical capacity quickly within the organisation by bringing in additional resource from outside WG (this will affect TAC as well as KAS). Shuffling round our existing pool of analysts is unlikely to be sufficient, without making some radical decisions to stop some work (which, in turn, presents other risks to WG policy response, EU exit, etc). Consider full-scale moves into new roles, with appropriate line management arrangements	High

		<p>have been approved, it is challenging to attract interest in these roles from outside WG.</p> <p>Line management/reporting arrangements where people had been moved into roles to support the response.</p> <ul style="list-style-type: none"> • Not always clear reporting lines • Disconnect between work responsibilities and wellbeing check ins 		
<p>Outcomes</p> <ol style="list-style-type: none"> 1. What was achieved? 2. What was the impact on people and communities? 3. What changes should be made to our response to improve its effectiveness? 	<p>Statisticians and researchers at the heart of the response to support officials and Ministers in their work.</p> <p>Made a significant amount of data available publicly – ministers able to quote figures that are publicly available to all; transparency and openness; allows government to be held to account.</p> <p>Explanation of some key issues through blogs were important to help public understand the data</p>	<p>Ideally we needed a more coherent public “digest” of all the statistics to ensure there was a clarity on the overall direction of the pandemic – this has been picked up by the Office for Statistics Regulation</p>		

